

DISCLOSURE DIVISION

☒ **WAIVER REQUEST**
☐ **ANSWER**
☐ **RECONSIDERATION REQUEST**
☐ **UNTIMELY**

DATE: 10/29/2021

DOCKET #: 2021-917

Ashley Wimberley, Director
Disclosure Division



FILER INFORMATION

Name: Alvin Thomas, Jr.
Address: 600 Martin Luther King Dr., Donaldsonville, LA 70346-2200
Office/Position: Ascension Parish Council / District 1 / Ascension
of Disclosures/Amendments Filed with Agency: 3
Years Covered: 2017-2020
Final Report: No

REPORT INFORMATION

Name of Report: Tier 2 Annual Personal Financial Disclosure covering calendar year 2019
Report ID: PFD21010311
Original Due Date: 7/6/2020
NOD Received: 1/28/2021
NOD Signed by: Unable to Determine
PFD/Answer Due Date based on NOD: 2/8/2021
PFD/Answer Filed: 10/6/2021

LATE FEE INFORMATION

Amount of Late Fee: \$2500
Days late from receipt of NOD: 240
Total days late from initial due date: 457
Late Fee Order Received: 10/4/2021
Payment/Waiver Request Due Date: 10/25/2021
Waiver Request Received: 10/6/2021

COMMENTS:

Alvin Thomas is requesting a waiver for the late filing of his 2019 Annual Disclosure. Mr. Thomas stated he was unaware he needed to complete the forms annually. He is a new councilman and was not familiar with the annual disclosure filing requirements. Mr. Thomas stated had he known he was required to file annually he would have "taken care of it". He stated he does not recall receiving the NOD-FF, as he did not sign for the notice. He is unsure if any members of his household signed the Green Card and not give the letter to him. As soon as he received the LFO, he visited the BOE to complete the forms and submit a Waiver Request. Mr. Thomas stated that paying the fine would create a financial hardship for him and for his family. His home suffered damages from Hurricane Ida; And he "has so much to do and buy" in order to repair it. Mr. Thomas thanks the Ethics Board in advance for their consideration and would appreciate if his penalty would be waived.

This is Mr. Thomas' first late fee assessment.

OTHER LATE FEE INFORMATION

Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No

TO: The Board Ethics / OCT 06, 2021

I WAS UNWARE I NEED to sign Forms, I Am a NEW Councilman and Just Didn't Know that I had this type of PAPER work to Fill out! me Know I would have takes care of it! please Allow me a chance to make it up! and if I would HAVE know abot it I would have Taken Care of it!

I Know the Letter came But I Don't Remember signing this Letter, so please EXCUSE me for not moving Forward on takes care of my Business. I Didn't sign my Family may have sign I didn't see the letter! When I Receive my notice I went to takes care of Business, and pick up the mail from the post office and came here to takes care of it. Just will be a Hardship my Family, I Am unable to pay for this Fine we have damage to her Home from the Storm and have so much to DO and buy, I would appreciate that u would not Allow me to pay this Fine. Thank u for your Help! IN ADVANCE

MR. [Signature]
Thanks

Financial Statement for Alvin Thomas Jr. (Filer Name)Married: ☒ Yes ☐ No

Spouse's name (if applicable): _____

Dependents (Include claimed dependents and other persons living in your household):

Name	Age	Relationship	Contributes to household income?
N/A			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse		N/A		<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CDProperty in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)
Goodman Luther King Dr Darrichville LA 70546	Ascension

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Alvin Thomas Jr.
Signature

10/12/2021
Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for Alvin Thomas Jr. (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	1110.00
	Pension	
	Other Income	1200.00
	Withholdings	
Spouse	Gross Wages	
	Social Security	N/A
	Pension	N/A
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		2310.00

Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		N/A
Vehicle (loan or lease)		277.00
Public Transportation Costs		N/A
Health Insurance		186.00
Court-ordered expenses		N/A
Student loans		N/A
Other Loans - provide description		N/A
Utilities		250.00
Food, personal products, etc.		353.00
Childcare		N/A
Other Expenses (Provide Description)		
CAR INS - 263.00	GAS	100.00
HOME INS 425.00	WATER BILL	51.00
	Credit Cards (3)	600.00
	SEWER	43.00
Total Monthly Expenses		2,548.00

Oct. 12, 2021, 11:49AM

No. 1072 P. 2/26



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423 0.5970 AB 0.461 1 3 46



ALVIN W THOMAS JR

DESIREE A THOMAS

600 MARTIN LUTHER KING DR

DONALDSONVILLE LA 70346-2200

ACCOUNT NUMBER

STATEMENT PERIOD

8/19/2021 TO 9/15/2021

CHECKING SUMMARY

Personal Checking

CHECKING BALANCE LAST STATEMENT.....

63.96

2 DEPOSITS/OTHER CREDITS

+ 2,356.30

11 CHECKS/OTHER DEBITS

- 2,401.30

CHECKING BALANCE THIS STATEMENT.....

18.96

TRANSACTIONS SUMMARY

DATE	AMOUNT	DESCRIPTION	Balance
08/19		Beginning Balance	63.96
08/25	-20.00	Check # 2810	43.96
09/02	1,246.30	ACH Deposit CENTRAL FUND PAYROLL 3539	1,290.26
09/03	1,110.00	ACH Deposit SSA TREAS 310 XXSOC SEC XXA SSA	2,400.26
09/07	-500.00	Withdrawal	1,900.26
09/07	-1,000.00	Withdrawal	900.26
09/07	-277.26	Automatic Loan Pmt LN PyXXXXXX4396 2	623.00
09/08	-45.00	Check # 2811	578.00
09/08	-43.35	ACH Payment TRANSAMERICA LIF INSURANCE 0H5J-CWBN	534.65
09/08	-63.28	ACH Payment AMERICAN GEN LIF INS PAYMT 0002515889 P3	471.37
09/08	-80.25	ACH Payment STATE FARM RO 27 SFPP 22 S 0219668322	391.12
09/08	-263.16	ACH Payment PROG SECURITY INS PREM BRANCH03DEBIT ACH X	127.96
09/15	-100.00	Check # 2812	27.96
09/15	-9.00	Service Charge	18.96

CHECKS SUMMARY

DATE	CHECK NO	AMOUNT	DATE	CHECK NO	AMOUNT
08/25	2810	20.00	09/15	2812	100.00
09/08	2811	45.00			

SUMMARY OF ELECTRONIC DEBITS AND OTHER WITHDRAWALS

DATE	AMOUNT	DESCRIPTION
09/07	500.00	Withdrawal
09/07	1,000.00	Withdrawal
09/07	277.26	Automatic Loan Pmt LN PyXXXXXX4396 2
09/08	43.35	ACH Payment TRANSAMERICA LIF INSURANCE 0H5J-CWBN
09/08	63.28	ACH Payment AMERICAN GEN LIF INS PAYMT 0002515889 P3
09/08	80.25	ACH Payment STATE FARM RO 27 SFPP 22 S 0219668322
09/08	263.16	ACH Payment PROG SECURITY INS PREM BRANCH03DEBIT ACH X
09/15	9.00	Service Charge

SUMMARY OF ELECTRONIC CREDITS AND OTHER DEPOSITS

DATE	AMOUNT	DESCRIPTION
09/02	1,246.30	ACH Deposit CENTRAL FUND PAYROLL 3539
09/03	1,110.00	ACH Deposit SSA TREAS 310 XXSOC SEC XXA SSA

SERVICE CHARGE SUMMARY

Maintenance Fee		9.00
Total Service Charge	09/15/2021	9.00

Fax Received 11:42:04 2021-10-12

First American Bank And Trust

PAGE: 2

ACCOUNT NUMBER
[REDACTED]**SUMMARY OF OVERDRAFT AND RETURNED ITEM FEES**

	TOTAL FOR THIS PERIOD	TOTAL YEAR TO DATE
TOTAL OVERDRAFT FEES	\$0.00	\$0.00
TOTAL RETURNED ITEM FEES	\$0.00	\$0.00



**MAJESTIC SERVICES LLC
256 EVANGELINE DRIVE
DONALDSONVILLE LA 70346
Office: (225) 264-6390**

**ALVIN & DESIREE THOMAS
600 MARTIN LUTHER KING DR
DONALDSONVILLE, LA 70346
2020 INCOME TAX RETURN**

MAJESTIC SERVICES LLC
256 EVANGELINE DRIVE
DONALDSONVILLE LA 70346
(225) 264-7905

ALVIN THOMAS &
DESIREE THOMAS
600 MARTIN LUTHER KING DR
DONALDSONVILLE LA 70346

Preparer No.: 995
Client No. : XXX-XX-0560
Invoice Date: 02/26/2021

INVOICE

Description	Amount	
PREPARATION OF 2020 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 RECOVERY REBATE CREDIT WORKSHEET EIC WITH NO DEPENDENTS FORM W-2 (WAGES AND TAX) FORM 1099-R (RETIREMENT D SSA WORKSHEET FORM 8879 (E-FILE SIGNATU FORM 8867 (EIC CHECKLIST) FORM 8915-E (2020 DISASTER RETIREMENT PLAN DISTRIBUTION LA STATE RESIDENT RETURN ELECTRONIC FILING FEE DOCUMENT PREPARATION FEE		
These are charges for services rendered and do not include any Bank fees.	Total Invoice	\$425.00
	Amount Paid	\$0.00
	Balance Due	\$425.00

TAX YEAR: 2020
OFFICE : Majestic Services LLC

PROCESS DATE: 02/26/2021

CLIENT : [REDACTED] ALVIN THOMAS
SPOUSE : [REDACTED] DESIREE THOMAS

BIRTH DATE : 11/29/1958 Age:62
BIRTH DATE : 11/18/1958 Age:62

ADDRESS : 600 MARTIN LUTHER KING DR
: DONALDSONVILLE LA 70346

PREPARER : 995

Home : (225) 323-6607

PREPARER FEE : 240.00

Work : -

ELECTRONIC : 150.00

Cell : -

TOTAL FEES : 390.00

STATUS : MARRIED JOINT

FED TYPE:

ST TYPE :

EFFECTIVE RATE: 0.00%

E-MAIL : alvinalvinthomas@aol.com

LISTING OF FORMS FOR THIS RETURN

FORM 1040
RECOVERY REBATE CREDIT WORKSHEET
FORM W-2
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)
FORM 1099-R (RETIREMENT DISTRIBUTIONS)
EARNED INCOME CREDIT WITH NO DEPENDENTS
FORM 8867 (DUE DILIGENCE CHECKLIST)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8915-E (QUALIFIED 2020 DISASTER RETIREMENT PLAN DISTRIBUTIONS)
LA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	LA RESIDENT
FILING STATUS	2	2
TOTAL INCOME	18885	0
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	18885	18885
DEDUCTIONS	24800	0
EXEMPTIONS	0	0
TAXABLE INCOME	0	18885
TAX	0	198
CREDITS	0	0
PAYMENTS	2107	256
REFUND	2107	69
AMOUNT DUE	0	0
EARNED INCOME CREDIT	217	11

CLIENT : ALVIN THOMAS
 SPOUSE : DESIREE THOMAS

PREPARER : 995 DATE : 02/26/2021

* W-2 INCOME FORMS SUMMARY *

	T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T PARISH OF ASCENSION	18804	690	1201	281	256 LA
	TOTALS.....	18804	690	1201	281	256

* 1099-R INCOME FORMS SUMMARY *

	[T/S] PAYER	GROSS DIST	TAXABLE AMT	FED WITH	STATE WITH ST
1.	T PAROCHIAL EMPLOYEES RE	243	0	0	0
	TOTALS.....	243	0	0	0

* FORM SSA-1099 INCOME FORMS SUMMARY *

	[T/S] PAYER	SSA BENEFITS	FED WITH	PREMIUMS
1.	T U.S.	13152	0	0
	TOTALS.....	13152	0	0

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 72-6000096		1 Wages, tips, other compensation 18804		2 Federal income tax withheld 690	
c Employer's name, address, and ZIP code PARISH OF ASCENSION PO BOX 2392 GONZALES LA 70707		3 Social security wages 19371		4 Social security tax withheld 1201	
		5 Medicare wages and tips 19371		6 Medicare tax withheld 281	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
d Control number		11 Nonqualified plans		12a	
e Employee's first name and initial Last name Suff. ALVIN THOMAS 600 MARTIN LUTHER KING DR DONALDSONVILLE LA 70346		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number LA 1242692001	16 State wages, tips, etc. 18804	17 State income tax 256	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement**2020**

Department of the Treasury—Internal Revenue Service

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
		9		10 Dependent care benefits	
d Control number		11 Nonqualified plans		12a	
e Employee's first name and initial Last name Suff. ALVIN THOMAS 600 MARTIN LUTHER KING DR DONALDSONVILLE LA 70346		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number LA 1242692001	16 State wages, tips, etc. 18804	17 State income tax 256	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement**2020**

Department of the Treasury—Internal Revenue Service

Tax Received 11:42:04 2021-10-12

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no. PAROCHIAL EMPLOYEES RETIREMENT S P O BOX 14619 BATON ROUGE LA 70898			1 Gross distribution \$ 243 2a Taxable amount \$		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
			2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>						
PAYER'S TIN 		RECIPIENT'S TIN 		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$					
RECIPIENT'S name ALVIN THOMAS Street address (including apt. no.) 600 MARTIN LUTHER KING DR City or town, state or province, country, and ZIP or foreign postal code DONALDSONVILLE LA 70346			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.				
			7 Distribution code(s) 7		8 Other <input type="checkbox"/> %						
			9a Your percentage of total distribution %		9b Total employee contributions \$						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib. 0		12 FATCA filing requirement <input checked="" type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no. \$		16 State distribution \$	
Account number (see instructions)			13 Date of payment		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution \$		OMB No. 1545-0119 2020 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.				
			2a Taxable amount \$		2b Taxable amount not determined <input type="checkbox"/>			Total distribution <input type="checkbox"/>			
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$					
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code			5 Employee contributions/ Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.				
			7 Distribution code(s)		8 Other <input type="checkbox"/> %						
			9a Your percentage of total distribution %		9b Total employee contributions \$						
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>		14 State tax withheld \$		15 State/Payer's state no. \$		16 State distribution \$	
Account number (see instructions)			13 Date of payment		17 Local tax withheld \$		18 Name of locality \$		19 Local distribution \$		

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

Form **8879**
(Rev. January 2021)**IRS e-file Signature Authorization**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name ALVIN THOMAS	Social security number [REDACTED]
Spouse's name DESIREE THOMAS	Spouse's social security number [REDACTED]

Part I Tax Return Information — Tax Year Ending December 31, 2020 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	18885
2	Total tax	2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	690
4	Amount you want refunded to you	4	2107
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize MAJESTIC SERVICES LLC to enter or generate my PIN

1	0	5	6	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 02/26/2021

Spouse's PIN: check one box only

- ☒ I authorize MAJESTIC SERVICES LLC to enter or generate my PIN

1	0	5	3	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 02/26/2021**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

7	2	8	9	9	7	2	2	7	0	0
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1346, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ 02/26/2021

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

1040Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2020

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial ALVIN		Last name THOMAS	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial DESIREE		Last name THOMAS	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 600 MARTIN LUTHER KING DR			Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. DONALDSONVILLE		State LA	ZIP code 70346
Foreign country name		Foreign province/state/county	Foreign postal code
			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) If qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	18804	
	2a	Tax-exempt interest	2a	2b		
	3a	Qualified dividends	3a	3b		
	4a	IRA distributions	4a	4b		
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5a	243	5b	81
	6a	Social security benefits	6a	13152	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7		
	8	Other income from Schedule 1, line 9		8		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	18885	
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c			
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶		11	18885	
12	Standard deduction or itemized deductions (from Schedule A)		12	24800		
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13			
14	Add lines 12 and 13		14	24800		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	0		

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see separate instructions.

Form **1040** (2020)

QNA

THOMAS
Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0
24	Add lines 22 and 23. This is your total tax	24	0
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	690
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	690
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	217
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1200
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1417
33	Add lines 25d, 26, and 32. These are your total payments	33	2107
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2107
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	2107
Direct deposit?	b Routing number		
See instructions.	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions ☒ Yes. Complete below. ☐ No

Designee's name **CHELSEI NICHOLAS** Phone no. **225-264-7905** Personal identification number (PIN) **2 2 7 0 0**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? ☐ See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	02/26/21	CONSTABLE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	02/26/21	RETIRED	

Phone no. (225) 323-6607 Email address alvinvinthomas@aol.com

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
CHELSEI NICHOLAS		02/26/21	002421630	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Firm's EIN
MAJESTIC SERVICES LLC	256 EVANGELINE DRIVE DONALDSONVILLE LA 70346			45-3456361

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2020)

QNA

SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
 ► Attach to Form 1040 or 1040-SR.

2020Attachment
Sequence No. **07**Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

ALVIN & DESIREE THOMAS

Your social security number

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1		
	2	Enter amount from Form 1040 or 1040-SR, line 11 <u>2</u>			
	3	Multiply line 2 by 7.5% (0.075)	3		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	256	
	b	State and local real estate taxes (see instructions)	5b		
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	256	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	256	
	6	Other taxes. List type and amount ►	6		
	7	Add lines 5e and 6	7	256	
	Interest You Paid <small>Caution: Your mortgage interest deduction may be limited (see instructions).</small>	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
		a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	
b		Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address.	8b		
c		Points not reported to you on Form 1098. See instructions for special rules	8c		
d		Mortgage insurance premiums (see instructions)	8d		
e		Add lines 8a through 8d	8e		
9		Investment interest. Attach Form 4952 if required. See instructions.	9		
10		Add lines 8e and 9	10		
Gifts to Charity <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>		11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	
	13	Carryover from prior year	13		
	14	Add lines 11 through 13	14		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		15	
Other Itemized Deductions	16	Other—from list in instructions. List type and amount ►		16	
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	256	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>			

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.
 QNA

Schedule A (Form 1040) 2020

Form **8867****Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

**Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and
Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status**
**► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
 ► Go to www.irs.gov/Form8867 for instructions and the latest information.**

2020Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ALVIN & DESIREE THOMAS

Taxpayer identification number

Enter preparer's name and PTIN

CHELSEI NICHOLAS, P02421630

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

☒ EIC ☐ CTC/ACTC/ODC ☐ AOTC ☐ HOH

- 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? ☒ Yes ☐ No ☐ N/A
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? ☒ Yes ☐ No ☐ N/A
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
 - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
 - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).☒ Yes ☐ No ☐ N/A
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) ☐ Yes ☒ No ☐ N/A
 - a Did you make reasonable inquiries to determine the correct, complete, and consistent information? ☐ Yes ☐ No ☐ N/A
 - b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) ☐ Yes ☐ No ☐ N/A
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s). ☒ Yes ☐ No ☐ N/A

List those documents provided by the taxpayer, if any, that you relied on:

SOCIAL SECURITY CARD DRIVERS LICENSE W2 1099R
- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? ☒ Yes ☐ No ☐ N/A
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? ☒ Yes ☐ No ☐ N/A

(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)

 - a Did you complete the required recertification Form 8862? ☐ Yes ☐ No ☐ N/A
- 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? ☐ Yes ☐ No ☒ N/A

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

THOMAS

436-04-0560

Page 2

Form 8867 (2020)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 Instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form 8867 (2020)

Form **8915-E****Qualified 2020 Disaster Retirement Plan Distributions and Repayments**
(Use for Coronavirus-Related Distributions)

OMB No. 1545-0074

2020Attachment
Sequence No. **915**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form8915E for instructions and the latest information.

▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

Name. If married, file a separate form for each spouse required to file 2020 Form 8915-E. See instructions.

ALVIN THOMAS

Your social security number

**Fill in Your Address Only
If You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

Before you begin:

- Complete 2020 Form 8915-D, Qualified 2019 Disaster Retirement Plan Distributions and Repayments, and 2020 Form 8915-C, Qualified 2018 Disaster Retirement Plan Distributions and Repayments, if applicable.
- If you completed Part I of 2020 Form 8915-D, or of 2020 Form 8915-C, see the Caution in Column (a) in the instructions to figure the amounts for column (a).

Part I Total Distributions From All Retirement Plans (Including IRAs).**Form 8915-E only covers 2020 coronavirus-related distributions. The distribution must be made before December 31, 2020. See instructions.**Complete lines 1 through 4 of one column
before going to the next column.

	(a) Total distributions in 2020 (see instructions)	(b) Qualified 2020 disaster distributions made in 2020 (see instructions)	(c) Allocation of column (b) (see instructions)
1 Distributions from retirement plans (other than IRAs)	243	243	
2 Distributions from traditional, SEP, and SIMPLE IRAs			
3 Distributions from Roth IRAs			
4 Totals. Add lines 1 through 3 in columns (a) and (b). Complete column (c) if line 4, column (b), is more than \$100,000. Otherwise, leave column (c) blank	243	243	100,000
5 If you completed column (c), enter the excess of the amount on line 4, column (a), over \$100,000. Otherwise, enter the excess of the amount on line 4, column (a), over the amount on line 4, column (b). Report these distributions under the normal rules in accordance with the instructions for your tax return			5

Part II Qualified 2020 Disaster Distributions From Retirement Plans (Other Than IRAs)

6 If you completed line 1, column (c), enter that amount. Otherwise, enter the amount from line 1, column (b)	6	243
7 Enter the applicable cost of distributions, if any. See instructions	7	
8 Subtract line 7 from line 6	8	243
9 If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 8 (see instructions). You must check this box if you check the box on line 17. Otherwise, divide line 8 by 3.0	9	81
10 Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include repayments made later than the due date (including extensions) for that return. Do not use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	10	
11 Amount subject to tax in 2020. Subtract line 10 from line 9. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b	11	81

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see your tax return instructions.

Oct. No. 73787C

Form **8915-E** (2020)

ALVIN THOMAS

436-04-0560

Form 8915-E (2020)

Page 2

Before you begin: Complete 2020 Form 8606, Nondeductible IRAs, if required.**Part III Qualified 2020 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs**

12	Did you receive a qualified 2020 disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? <input type="checkbox"/> Yes. Go to line 13. <input type="checkbox"/> No. Skip lines 13 and 14, and go to line 15.	
13	Enter the amount, if any, from 2020 Form 8606, line 15b. But if you are entering amounts here and on 2020 Form 8915-D, line 22, or Form 8915-C, line 23, only enter on line 13 the amount on Form 8606, line 15b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 15b.	13
14	Enter the amount, if any, from 2020 Form 8606, line 25b. But if you are entering amounts here and on 2020 Form 8915-D, line 23, or Form 8915-C, line 24, only enter on line 14 the amount on Form 8606, line 25b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 25b.	14
15	If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b), if any. Don't include on line 15 any amounts reported on 2020 Form 8606.	15
16	Add lines 13, 14, and 15.	16
17	If you elect NOT to spread the taxable amount over 3 years, check this box <input type="checkbox"/> and enter the amount from line 16 (see instructions). You must check this box if you checked the box on line 9. Otherwise, divide line 16 by 3.0.	17
18	Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include any repayments made later than the due date (including extensions) for that return. Do not use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions.	18
19	Amount subject to tax in 2020. Subtract line 18 from line 17. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b.	19

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in Certain 2020 Disaster Areas
Reserved for future use. Leave Part IV blank. See instructions.

20	This line is reserved for future use. If needed in the future, this line would be used for qualified distributions both received from IRAs and required to be reported on 2020 Form 8606. <input type="checkbox"/> Yes. Reserved for future use. <input type="checkbox"/> No. Reserved for future use.	
21	This line is reserved for future use. If needed in the future, this line would be used for qualified distributions received in 2020 for the purchase or construction of a main home.	21
22	This line is reserved for future use. If needed in the future, this line would be used for the applicable cost of distributions.	22
23	This line is reserved for future use. If needed in the future, this line would be used to subtract line 22 from line 21.	23
24	This line is reserved for future use. If needed in the future, this line would be used for the total amount of repayments made.	24
25	This line is reserved for future use. If needed in the future, this line would be used for the Taxable amount and will provide the Form 1040, 1040-SR, or 1040-NR line on which that amount should be placed.	25

Sign Here Only If You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN


Firm's address

Phone no.



QNA

Form 8915-E (2020)

ALVIN & DESIREE THOMAS

Social Security Benefits Worksheet—Lines 6a and 6bKeep for Your Records 

Before you begin: ✓ Figure any write-in adjustments to be entered on the dotted line next to Schedule 1, line 22 (see the instructions for Schedule 1, line 22).
 ✓ If you are married filing separately and you lived apart from your spouse for all of 2020, enter "D" to the right of the word "benefits" on line 6a. If you don't, you may get a math error notice from the IRS.
 ✓ Be sure you have read the *Exception* in the line 6a and 6b instructions to see if you can use this worksheet instead of a publication to find out if any of your benefits are taxable.

1. Enter the total amount from box 5 of all your Forms SSA-1099 and RRB-1099. Also enter this amount on Form 1040 or 1040-SR, line 6a 1. 13152
2. Multiply line 1 by 50% (0.50) 2. 6576
3. Combine the amounts from Form 1040 or 1040-SR, lines 1, 2b, 3b, 4b, 5b, 7, and 8 3. 18885
4. Enter the amount, if any, from Form 1040 or 1040-SR, line 2a 4. _____
5. Combine lines 2, 3, and 4 5. 25461
6. Enter the total of the amounts from Form 1040 or 1040-SR, line 10b, Schedule 1, lines 10 through 19, plus any write-in adjustments you entered on the dotted line next to Schedule 1, line 22 6. _____
7. Is the amount on line 6 less than the amount on line 5?
☐ No.  None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b.
☒ Yes. Subtract line 6 from line 5 7. 25461
8. If you are:
 - Married filing jointly, enter \$32,000
 - Single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2020, enter \$25,000
 - Married filing separately and you lived with your spouse at any time in 2020, skip lines 8 through 15; multiply line 7 by 85% (0.85) and enter the result on line 16. Then, go to line 17
 8. 32000
9. Is the amount on line 8 less than the amount on line 7?
☒ No.  None of your social security benefits are taxable. Enter -0- on Form 1040 or 1040-SR, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2020, be sure you entered "D" to the right of the word "benefits" on line 6a.
☐ Yes. Subtract line 8 from line 7 9. _____
10. Enter: \$12,000 if married filing jointly; \$9,000 if single, head of household, qualifying widow(er), or married filing separately and you lived apart from your spouse for all of 2020 10. _____
11. Subtract line 10 from line 9. If zero or less, enter -0- 11. _____
12. Enter the smaller of line 9 or line 10 12. _____
13. Enter one-half of line 12 13. _____
14. Enter the smaller of line 2 or line 13 14. _____
15. Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0- 15. _____
16. Add lines 14 and 15 16. _____
17. Multiply line 1 by 85% (0.85) 17. _____
18. Taxable social security benefits. Enter the smaller of line 16 or line 17. Also enter this amount on Form 1040 or 1040-SR, line 6b 18. _____



If any of your benefits are taxable for 2020 and they include a lump-sum benefit payment that was for an earlier year, you may be able to reduce the taxable amount. See Lump-Sum Election in Pub. 915 for details.

QNA

Paid Preparer's Earned Income Credit Checklist**DO NOT MAIL**

Taxpayer name(s) shown on return ALVIN & DESIREE THOMAS	Taxpayer's social security number [REDACTED]
---	--

For the definitions of **Qualifying Child** and **Earned Income**, see **Pub. 596**.**Part I All Taxpayers**

1 Enter preparer's name and PTIN ▶ CHELSI NICHOLAS P02421630	
2 Is the taxpayer's filing status married filing separately?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 2, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "No" on line 3, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 4, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2020?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	
b Is the taxpayer's filing status married filing jointly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
▶ If you checked "Yes" on line 5a and "No" on line 5b, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
6 Is the taxpayer's investment income more than \$3,600? See the instructions before answering.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 6, stop; the taxpayer cannot take the EIC. Otherwise, continue.	
7 Could the taxpayer be a qualifying child of another person for 2020? If the taxpayer's filing status is married filing jointly, check "No." Otherwise, see instructions before answering	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
▶ If you checked "Yes" on line 7, stop; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	

THOMAS

Part III Taxpayers Without a Qualifying Child

- 16** Was the taxpayer's main home, and the main home of the taxpayer's spouse if filing jointly, in the United States for more than half the year? (Military personnel on extended active duty outside the United States are considered to be living in the United States during that duty period.) See the instructions before answering.
- ☐ Yes ☐ No
- ▶ If you checked "No" on line 16, stop; the taxpayer cannot take the EIC. Otherwise, continue.
- 17** Was the taxpayer, or the taxpayer's spouse if filing jointly, at least age 25 but under age 65 at the end of 2020? See the instructions before answering.
- ☒ Yes ☐ No
- ▶ If you checked "No" on line 17, stop; the taxpayer cannot take the EIC. Otherwise, continue.
- 18** Is the taxpayer eligible to be claimed as a dependent on anyone else's federal income tax return for 2020? If the taxpayer's filing status is married filing jointly, check "No".
- ☐ Yes ☐ No
- ▶ If you checked "Yes" on line 18, stop; the taxpayer cannot take the EIC. Otherwise, continue.
- 19** Are the taxpayer's earned income and adjusted gross income each less than the limit that applies to the taxpayer for 2020? See instructions.
- ☒ Yes ☐ No
- ▶ If you checked "No" on line 19, stop; the taxpayer cannot take the EIC. If you checked "Yes" on line 19, the taxpayer can take the EIC. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to find out if Form 8862 must be filed. Go to line 20.

ALVIN & DESIREE THOMAS

Worksheet A—2020 EIC—Line 27

Keep for Your Records


**Before you begin:** ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered "No" to Step 5, question 2. Otherwise, use Worksheet B.**Part 1****All Filers Using Worksheet A**

1. Enter your earned income from Step 5.

1 18804

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

2 221

If line 2 is zero,  You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

3. Enter the amount from Form 1040 or 1040-SR, line 11.

3 18885

4. Are the amounts on lines 3 and 1 the same?

☐ **Yes.** Skip line 5; enter the amount from line 2 on line 6.☒ **No.** Go to line 5.**Part 2****Filers Who Answered "No" on Line 4**

5. If you have:

- No qualifying children, is the amount on line 3 less than \$8,800 (\$14,700 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 3 less than \$19,350 (\$25,250 if married filing jointly)?

☐ **Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.☒ **No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

5 217

Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.**Part 3****Your Earned Income Credit**

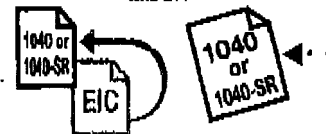
6. This is your earned income credit.

6 217

Enter this amount on Form 1040 or 1040-SR, line 27.

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2020.

ALVIN & DESIREE THOMAS

Worksheet B—2020 EIC—Line 27

Keep for Your Records

**Use this worksheet if you answered "Yes" to Step 5, question 2.**

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1**Self-Employed,
Members of the
Clergy, and
People With
Church Employee
Income Filing
Schedule SE**

- 1a. Enter the amount from Schedule SE, Section A, line 3; or Section B, line 3, whichever applies.
- b. Enter any amount from Schedule SE, Section B, line 4b and line 5a.
- c. Combine lines 1a and 1b.
- d. Enter the amount from Schedule SE, Section A, line 6; or Section B, line 13, whichever applies.
- e. Subtract line 1d from line 1c.

1a	
+ 1b	
= 1c	
- 1d	
= 1e	

Part 2**Self-Employed
NOT Required
To File
Schedule SE**

For example, your net earnings from self-employment were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

- a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.
- b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.
- c. Combine lines 2a and 2b.

2a	
+ 2b	
= 2c	

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3**Statutory Employees
Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4**All Filers Using
Worksheet B**

Note. If line 4b includes income on which you should have paid self-employment tax but didn't, you may reduce your credit by the amount of self-employment tax not paid.

- 4a. Enter your earned income from Step 5.
- b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income.

4a	18804
4b	18804

If line 4b is zero or less, **STOP** You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$50,954 (\$56,844 if married filing jointly)?
- 2 qualifying children, is line 4b less than \$47,440 (\$53,330 if married filing jointly)?
- 1 qualifying child, is line 4b less than \$41,756 (\$47,646 if married filing jointly)?
- No qualifying children, is line 4b less than \$15,820 (\$21,710 if married filing jointly)?

☒ **Yes.** If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

☐ **No.** **STOP** You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

Worksheet B—2020 EIC—Line 27—Continued

Keep for Your Records


**Part 5****All Filers Using Worksheet B**

6. Enter your total earned income from Part 4, line 4b.

6 18804

7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7 221

If line 7 is zero,  You can't take the credit.
Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 27.

8. Enter the amount from Form 1040 or 1040-SR, line 11.

8 18885

9. Are the amounts on lines 8 and 6 the same?

☐ **Yes.** Skip line 10; enter the amount from line 7 on line 11.☒ **No.** Go to line 10.**Part 6****Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children, is the amount on line 8 less than \$8,800 (\$14,700 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 8 less than \$19,350 (\$25,250 if married filing jointly)?

☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.☒ **No.** Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

10 217

Look at the amounts on lines 10 and 7.
Then, enter the smaller amount on line 11.

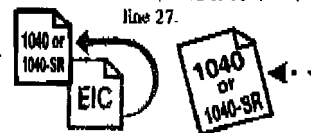
Part 7**Your Earned Income Credit**

11. This is your earned income credit.

11 217

Reminder—

- ✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on
Form 1040 or 1040-SR,
line 27.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2020.

ALVIN & DESIREE THOMAS
Recovery Rebate Credit Worksheet—Line 30

Before you begin: ✓ See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.
 ✓ If you received Notice 1444 and Notice 1444-B, have them available.

Don't include on line 16 or 19 any amount you received but later returned to the IRS.

1.	Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.	
	<input checked="" type="checkbox"/> No. Go to line 2.	
	<input type="checkbox"/> Yes. <input type="radio"/> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
2.	Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i> , earlier) for you and, if filing a joint return, your spouse?	
	<input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5.	
	<input type="checkbox"/> No. If you are filing a joint return, go to line 3.	
	If you aren't filing a joint return, <input type="radio"/> you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
3.	Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)?	
	<input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.	
	<input type="checkbox"/> No. Go to line 4.	
4.	Does one of you have a valid social security number (defined under <i>Valid social security number</i> , earlier)?	
	<input type="checkbox"/> Yes. Your credit is limited. Go to line 5.	
	<input type="checkbox"/> No. <input type="radio"/> You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.	
5.	If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:	
	• \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or	
	• \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3.	5. 2400
6.	Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	6.
7.	Add lines 5 and 6	7. 2400
8.	If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:	
	• \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or	
	• \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3.	8. 1200
9.	Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number	9.
10.	Add lines 8 and 9	10. 1200
11.	Enter the amount from line 11 of Form 1040 or 1040-SR	11. 16665
12.	Enter the amount shown below for your filing status:	
	• \$150,000 if married filing jointly or qualifying widow(er)	
	• \$112,500 if head of household	
	• \$75,000 if single or married filing separately	12. 150000
13.	Is the amount on line 11 more than the amount on line 12?	
	<input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.	
	<input type="checkbox"/> Yes. Subtract line 12 from line 11.	13.
14.	Multiply line 13 by 5% (0.05)	14.
15.	Subtract line 14 from line 7. If zero or less, enter -0-	15. 2400
16.	Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here	16. 2400
17.	Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference	17.
18.	Subtract line 14 from line 10. If zero or less, enter -0-	18. 1200
19.	Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here	19.
20.	Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference	20. 1200
21.	Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR	21. 1200

ATTN: Ashley Wimberley

FAX-225-381-7271

LA. Board of Ethics

From: Alvin Thomas Jr.



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS

P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

CERTIFIED MAIL

NO. 70200640000017284399

RETURN RECEIPT REQUESTED

January 26, 2021

Alvin Thomas, Jr.
600 Martin Luther King Dr.
Donaldsonville, LA 70346-2200

RE: NOTICE OF DELINQUENCY - FAILURE TO FILE
Statement covering 2019 (originally due on June 8, 2020)
Ascension Parish Council / District 1 / Ascension

Dear Alvin Thomas, Jr.:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of our records indicates that we have not received your Personal Financial Disclosure Statement.

You have 7 business days from the date of receipt of this Notice to file your Tier 2 Personal Financial Disclosure Statement covering 2019, which was originally due on June 8, 2020, or to submit an Answer explaining why you feel you are not required to file a Personal Financial Disclosure Statement. Failure to file a Personal Financial Disclosure Statement or an Answer within the 7 business days will subject you to an automatic late fee of \$100 per day up to a maximum of \$2,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

The form for the Tier 2 Personal Financial Disclosure Statement (Form 416a) is available on the Louisiana Board of Ethics website at www.ethics.la.gov. If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

Lisa Ford
Program Compliance Officer

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Alvin Thomas, Jr.
600 Martin Luther King Dr.
Donaldsonville, LA 70346-2200




4399

2. Article Number (Transfer from service label)

7020 0640 0000 1728 4399

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature 
- ☒ Agent
☐ Addressee
- B. Received by (Printed Name) Alvin Thomas, Jr.
- C. Date of Delivery 1-28-21
- D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

ETHICS EDWARD RECD
FEB 1 12 1 PM '21
121 PWD:04

1/28/21

3. Service Type
- ☐ Adult Signature
 - ☐ Adult Signature Restricted Delivery
 - ☒ Certified Mail®
 - ☐ Certified Mail Restricted Delivery
 - ☐ Collect on Delivery
 - ☐ Collect on Delivery Restricted Delivery
 - ☐ Insured Mail
 - ☐ Insured Mail Restricted Delivery
 - ☐ Priority Mail Express®
 - ☐ Registered Mail™
 - ☐ Registered Mail Restricted Delivery
 - ☒ Return Receipt for Merchandise
 - ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt